

Brownfield Green Space and Public Facilities Grant Program Reimbursement Claim

Form 4400-234 (11/04)

Notice: Information requested on this form is required by the Department for any claim for reimbursement filed pursuant to ch. NR 173, Wis. Adm. Code. The Department will not consider your claim for reimbursement unless you submit complete information. Personally identifiable information requested on this form is not intended to be used for any other purpose.

Instructions: Submit one copy of this completed form, the Reimbursement Claim Worksheet (Form 4400-235), invoices and canceled checks or other acceptable proof of payment for all costs that are a part of this claim to the following address: **BF GSPFG Manager - RR/3, PO Box 7921, Madison, WI 53707-7921**

GRANTEE		GRANT NUMBER		TYPE OF REQUEST	
				<input type="checkbox"/> Partial 1 <input type="checkbox"/> Partial 2 <input type="checkbox"/> Final	
GRANT INFORMATION		Grant \$		Match \$	
Total Grant Amount		\$			
Required Grantee Match Amount				\$	
Total Paid from Previous Claims (if applicable)		\$		\$	
Remaining Grant \$ Available and Match \$ Required		\$		\$	
CURRENT CLAIM		Expenditures			
		Grant \$		Match \$	
Remedial Actions		\$		\$	
Preparation of Remedial Action Plan		\$		\$	
Planning and Design of Green Space, Recreation Area or Public Facility				\$	
Removal of Debris, Waste or Scrap				\$	
NR 716 Site Investigation				\$	
Demolition				\$	
Asbestos Abatement				\$	
Abandoned Container Removal				\$	
Hazardous Substance Tank Removal				\$	
Petroleum Product Tank Removal				\$	
Payment or Cancellation of Delinquent Taxes				\$	
Acquisition Costs				\$	
Site Maintenance or Security				\$	
Total Current Grant Request and Match Provided		\$		\$	

Certification - I certify that to the best of my knowledge and belief the billed costs are based on actual payments of record, have not been previously requested, and are in accordance with the grant contract and the eligible cost and reimbursement provisions under Chapter NR 173, Wis. Adm. Code.

Signature of Authorized Representative	Print Name of Authorized Representative	Date Signed